

**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

IN THE MATTER OF:

[REDACTED]

MAHS Reg. No.: 15-015208
Issue No.: 1006
Agency Case No.: [REDACTED]
Hearing Date: October 20, 2015
County: Saginaw County DHS

ADMINISTRATIVE LAW JUDGE: Colleen Lack

HEARING DECISION

Following Petitioner's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CFR 431.200 to 431.250; 45 CFR 99.1 to 99.33; and 45 CFR 205.10; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on [REDACTED] [REDACTED] from Lansing, Michigan. [REDACTED], the Claimant, appeared on her own behalf. The Department was represented by [REDACTED], Hearing Facilitator.

ISSUE

Did the Department properly determine that Claimant received an overissuance (OI) of Family Independence Program (FIP) benefits?

FINDINGS OF FACT

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. Claimant was a recipient of FIP benefits.
2. On [REDACTED], a DHS-4358 Notice of Overissuance was mailed to Claimant stating she was overissued \$ [REDACTED] in cash benefits for the period of [REDACTED] [REDACTED], due to client error. (Department Exhibit A, pp. 3-7)
3. On [REDACTED], a Notice of Case Action was issued to Claimant, in part, stating an administrative recoupment of \$ [REDACTED] would be withheld from the monthly FIP benefit amount effective [REDACTED]. (Department Exhibit A, pp. 8-13)
4. On [REDACTED] in supplemental FIP benefits was authorized, but withheld for the administrative recoupment. (Department Exhibit A, pp. 14-17 and Hearing Facilitator Testimony)
5. On [REDACTED], a Notice of Case Action was issued to Claimant stating the FIP case would close effective [REDACTED], because the family income

exceeds needs based on cash assistance standards. (Department Exhibit A, pp.18-23)

6. On [REDACTED] [REDACTED] Claimant filed a hearing request contesting the overissuance determination.

CONCLUSIONS OF LAW

Department policies are contained in the Department of Health and Human Services Bridges Administrative Manual (BAM), Department of Health and Human Services Bridges Eligibility Manual (BEM), Department of Health and Human Services Reference Tables Manual (RFT), and Department of Health and Human Services Emergency Relief Manual (ERM).

The Family Independence Program (FIP) was established pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. No. 104-193, and 42 USC 601 to 679c. The Department (formerly known as the Department of Human Services) administers FIP pursuant to 45 CFR 233-260, MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, and Mich Admin Code, R 400.3101-.3131.

Department policy regarding overissuances is found in BAM 700, (May 1, 2014), pp. 1-15.

In this case, the Hearing Facilitator testified that the overissuance action at issue was in error because the Department did not follow the normal process to ensure that the overissuance determination was accurate. The Hearing Facilitator agreed that the alleged overissuance should be reversed because the Department did not go through the proper procedure.

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department did not act in accordance with Department policy when it determined that Claimant received an overissuance of FIP benefits totaling \$393.00 for the period of March 1, 2015, through March 31, 2015.

DECISION AND ORDER

Accordingly, the Department's decision is **REVERSED**.

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Delete the alleged overissuance and cease any recoupment action.

2. Supplement Claimant for any FIP benefits already withheld for an administrative recoupment related to this alleged over issuance.

Colleen Lack

Colleen Lack
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

[REDACTED]

NOTICE OF APPEAL: A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides, or the circuit court in Ingham County, within 30 days of the receipt date. A copy of the claim or application for appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Hearing Decision from MAHS within 30 days of the mailing date of this Hearing Decision, or MAHS **MAY** order a rehearing or reconsideration on its own motion. MAHS **MAY** grant a party's Request for Rehearing or Reconsideration when one of the following exists:

- Newly discovered evidence that existed at the time of the original hearing that could affect the outcome of the original hearing decision;
- Misapplication of manual policy or law in the hearing decision which led to a wrong conclusion;
- Typographical, mathematical or other obvious error in the hearing decision that affects the rights of the client;
- Failure of the ALJ to address in the hearing decision relevant issues raised in the hearing request.

The party requesting a rehearing or reconsideration must specify all reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration. A request must be *received* in MAHS within 30 days of the date this Hearing Decision is mailed.

A written request may be faxed or mailed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088 and be labeled as follows:

Attention: MAHS Rehearing/Reconsideration Request

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings
Reconsideration/Rehearing Request
P.O. Box 30639
Lansing, Michigan 48909-8139

cc:

